

ADDENDUM TO RELEASE OF INFORMATION

To be completed by offender

Last known address:				
	Child(ren) Name(s)	Date of Birth	Gender	
Describe your involvement with the Children's Administration:				
Have you been involved with Child Protective Services or welfare in Washington or another state? ☐ Yes ☐ No				
If yes, list state: Date (approximate)				
Has any child been involved with Indian Child Welfare in Washington or another state? ☐ Yes ☐ No				
If yes, list state: Date (approximate)				
Have you been involved with Tribal Court or other tribal services in Washington or another state? ☐ Yes ☐ No				
Give a brief description of the case:				
(initial)	(initial) I allow any child welfare/protection agency (tribal and/or state) to disclose any level of information they			
	may have on me, my family and/or children, including but not limited to founded (substantiated), unfounded (unsubstantiated), and "information only" referrals.			
(initial)	(initial) I allow the Department of Social and Health Services and/or Department of Corrections to re-disclose			
	protected health and/or other information to mental health, chemical dependency, and child welfare service providers.			
l,	certify under penalty of perjury that the information provided in			
the attached documents are true and accurate. I understand that any misrepresentation or fraudulence will automatically disqualify me from participation in the Parent Sentencing Alternative Program – SSB 6639.				
Offender Name (first, middle, last)		DOC# Date	of Birth	
Offender Signature)	

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 003-03, RCW 42.56, RCW 40.14.